

Board of Medicine Pilot Study *February 2004*

- Pilot Project -

Virginia Department of Health Professions Board of Health Professions



Board of Medicine Pilot Study February 2004

- Pilot Project -

Prepared for
Virginia Department of Health Professions
6603 West Broad Street, 5th Floor
Richmond, Virginia 23230
804-662-9900 tel

Prepared by
VisualResearch, Inc.
Post Office Box 1025
Midlothian, Virginia 23113
804-794-3144 tel



COMMONWEALTH of VIRGINIA

Robert A. Nebiker Director Department of Health Professions 6603 West Broad Street, 5th Floor Richmond, Virginia 23230-1712 www.dhp.state.va.us/ TEL (804) 662-9900 FAX (804) 662-9943 TDD (804) 662-7197

December 1, 2003

Dear Interested Party:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. To narrow the focus of the study, the Board of Medicine was chosen as the first board to test a set of sanction reference points. After interviewing over 30 current and past Board of Medicine members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned physicians ever conducted in the United States. The analysis included collecting over 100 factors on all Board of Medicine sanctioned cases in Virginia over a 6 year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Medicine and staff, analysts spent the last 9 months developing a usable set of sanction worksheets as a way to implement the reference system.

By design, future sanction recommendations will encompass, on average, about 70% of past historical sanctioning decisions; an estimated 30% of future sanctions will fall above or below the sanction point recommendations. This allows considerable flexibility when sanctioning cases that are particularly egregious or less serious in nature. Consequently, one of the most important features of this system is its' voluntary nature; that is, the board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of board members). As a result, the following reference instruments should greatly benefit board members, health professionals and the general public.

Sincerely yours,

Robert A. Nebiker

Director

Cordially

Elizabeth A. Carter, Ph.D.

Executive Director

Virginia Board of Health Professions

Elletha Carta Phil

TABLE OF CONTENTS

General Instructions	pages 1 - 6
Overview	. 0
Background	
Goals	
Methodology	
Qualitative	
Quantitative	
Wide Sanctioning Ranges	
Two Dimensional Sanctioning Grid Scores Both Offense and Respondent Factors	
Voluntary Nature	
Worksheets Not Used in Certain Cases	
Offense Groups Covered by the Sanctioning Reference Points	
Completing the Coversheet and Worksheets	
General	
Offense Group Worksheets	
Coversheet	
Determining a Specific Sanction	
Sanctioning Reference Points – Coversheet	page 7
Impairment Worksheet Instructions	page 8
Impairment Worksheet	page 9
Patient Care Worksheet Instructions	page 10
Patient Care Worksheet	nage 11
T GAIGHT GAIG TTOTHORIGHT	man pago 11
Inappropriate Relationship/Sexual Abuse Worksheet Instructions	page 12
Inappropriate Relationship/Sexual Abuse Worksheet	nage 13
mappiophate riolationip/coxua/nodec workenest	pago 10
Fraud/Deception/Misrepresentation Worksheet Instructions	page 14
Fraud/Deception/Misrepresentation Worksheet	page 15
Unlicensed Activity Worksheet Instructions	page 16
Unlicensed Activity Worksheet	page 17
Appendix	
Sample Cases	pages 18-27
r	3

GENERAL INSTRUCTIONS

Overview

The Virginia Board of Health Professions has spent the last 2 years studying sanctioning in disciplinary The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Medicine. The Board of Medicine is now in a position to pilot test the results of the research by implementing a set of voluntary Sanctioning Reference Points. This manual contains some background on the project, the goals and purposes of the system, and the five offense-based sanction worksheets and grids that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Medicine. Moreover, the worksheets and grids have not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a series of worksheets which score a number of offense and respondent factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. A sanctioning grid found on each of the offense worksheets uses an offense score and a respondent score to recommend a range of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record the offense score, respondent score, recommended sanction, actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the Sanctioning Reference Points. These instructions and the use of the Sanctioning Reference Points system fall within current Department of Health Professions and Board of Medicine policies and procedures. Furthermore. all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

Background

In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based sanctioning reference points for health regulatory boards, including the Board of Medicine (BOM). The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be "developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary"—that is, the system is viewed strictly as a Board decision tool.

Goals

The Board of Health Professions and the Board of Medicine cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for BOM and those involved in proceedings.
- "Neutralizing" sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a *descriptive approach*) or whether it should be developed normatively (a *prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. Sanctioning reference points can also be developed using historical data analysis

with normative adjustments to follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Medicine chose a descriptive approach with a limited number of normative adjustments.

Qualitative Analysis

Researchers conducted 32 in-depth personal interviews of past and current BOM members, Board staff, and representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of sanctioning reference points and to further frame the analysis. Additionally, interviews helped ensure the factors that Board members consider when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

Quantitative Analysis

Researchers collected detailed information on all BOM disciplinary cases ending in a violation between 1996 and 2001; approximately 250 sanctioning "events" covering close to 500 cases. Over 100 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into sanctioning worksheets and grids, which are the basis of the Sanctioning Reference Points.

Offense factors such as patient harm, patient vulnerability and case severity (priority level) were analyzed as well as respondent factors such as substance abuse, impairment at the time of offense,

initiation of self corrective action, and prior history of the respondent. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, the presence of the respondent's attorney, the respondent's age or sex. and case processing time, are considered "extralegal" factors, and were explicitly excluded from the sanction reference points. Although many factors, both "legal" and "extra-legal" can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in a sanction decision were included in the final product. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of "legal" factors in every case.

Wide Sanctioning Ranges

The Sanctioning Reference Points consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 70% of historical practice. This means that 30% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions fall within the recommended range.

Any sanction recommendation the Board derives from the Sanctioning Reference Points worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

Two Dimensional Sanctioning Grid Scores Both Offense and Respondent Factors

The Board indicated early in the study that sanctioning is not only influenced by circumstances associated with the instant offense, but also by the respondent's past history. The empirical analysis supported the notion that both offense and respondent factors impacted sanction outcomes. To this end, the Sanction Reference Points make use of a two-dimensional scoring grid; one dimension

assesses factors related to the instant offense, while the other dimension assesses factors related to the respondent.

The first dimension assigns points for circumstances related to the violation offense that the Board is currently considering. For example, the respondent may receive points if they were unable to safely practice due to impairment at the time of the offense, or if there were multiple patients involved in the incident(s). The other dimension assigns points for factors that relate to the respondent. So a respondent before the Board for an unlicensed activity case may also receive points for having had substance abuse problems, or for having a history of disciplinary violations for other types of cases. The respondent factors covering mental health, inappropriate relationships/sexual, alcohol, or drug problems are scored if diagnosed or treated by a bona fide mental health professional at any time in the past (although the Board may consider past problems that have been treated without sign of relapse as a mitigating factor).

Voluntary Nature

The Sanctioning Reference Points system is a tool to be utilized by the Board of Medicine. Compliance with the Sanctioning Reference Points is voluntary. The Board will use the system as a reference tool and may choose to sanction outside recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. During the pilot period, a coversheet and worksheet should be completed in every case ending in a violation which is processed by an informal conference. The coversheet and worksheets will be referenced by Board members during Executive Session.

Worksheets Not Used in Certain Cases

As mentioned earlier, the Sanction Reference points are being implemented as pilot project. In an effort to proceed cautiously with implementation and to make appropriate changes during the process, the sanction reference points will only be used at informal conferences. The Sanctioning Reference Points will not be applied in any of the following circumstances:

- Formal Hearings and Pre-Hearing Consent Orders—the pilot will only involve informal conferences with coversheets and worksheets being referenced during the executive session portion of the hearing.
- Mandatory suspensions Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the license of a physician must be suspended. The sanction is defined by law and is therefore excluded from the Sanctioning Reference Point system.
- Compliance/reinstatements The Sanctioning Reference Points should be applied to new cases only.
- Action by another Board When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Medicine, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Medicine usually requires that all conditions set by the other Board are completed or complied with in Virginia. The Sanctioning Reference Points do not apply as the case has already been heard and adjudicated by another Board.

Offense Groups Covered by the Sanctioning Reference Points

The Sanctioning Reference Points are organized into 5 offense groups. This organization is based on a historical analysis showing that offense and respondent factors and their relative importance vary by type of offense. The reference point factors found within a particular offense group are those which proved important in determining historical sanctions for that offense category.

When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one offense group coversheet and worksheet should be completed and it should encompass the entire event. If a case has more than one offense type, one coversheet and worksheet is selected according to the offense group which appears highest on the following table. For example, a physician found in violation of both advertising and a treatment-related offense would have their case scored on a Patient Care worksheet, since Patient Care is above Fraud/Deception/Misrepresentation on the table. The table also assigns the various case categories brought before the Board to one of the 5 offense groups. If an offense type is not listed, find the most analogous offense type and use the appropriate scoring worksheet.

Table 1

Offense Group	Case Categories
Impairment	Drug Related-Obtaining Drugs by Fraud Drug Related-Personal Use Inability Safely Practice - Incapacitated Inability Safely Practice - Impairment Impairment-Other
Patient Care	Delay in Treatment Alternative Treatment Treatment Related-Other Improper Performance of Surgery Unnecessary Surgery Supervision - neglect Inappropriate or Excessive Prescribing/Dispensing Inspection Deficiencies/Facility Violation Records release Medical Record Keeping
Inappropriate Relationship/Sexual Abuse	Relationship - inappropriate Abuse (including sexual)
Fraud/Deception/Misrepresentation	Advertising-deceptive/misleading Claim of Superiority Improper Use of Trade Name Fail to Disclose Full Fee when Advertising Discounts Omission of Required Wording/Ad Element Advertising-Other Inappropriate Use of Specialty or Board Certification Financial Fraud Student loan default Fail to provide tax plan or estimate
Unlicensed Activity	Misdemeanor conviction No valid license-qualified to practice Practice beyond the scope of license Aiding/abetting unlicensed activity

Completing the Coversheet & Worksheet

Ultimately, it is the responsibility of the BOM to complete the Sanction Reference Point coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The Sanction Reference Point coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, complete copies of the Sanction Reference Point Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.state.va.us (paper copy also available on request).

Offense Group Worksheets

Instructions for scoring each of the 5 offenses are contained adjacent to each worksheet in subsequent sections of this manual. Instructions are provided for each line item of each worksheet and should be referenced to ensure accurate scoring for a specific factor. When scoring an offense group worksheet, the scoring weights assigned to a factor on the worksheet *cannot be adjusted*. The scoring weights can only be applied as 'yes or no' with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board is encouraged to depart either high or low when handing down a sanction. If the Board disagrees with the sanction grid recommendation and imposes a sanction greater or less than the recommended sanction, a written departure explanation should be recorded on the coversheet. The explanation should identify the factors and the reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Victim vulnerability
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wideranging. Sample scenarios are provided below:

Departure Example #1

Sanction Grid Result: Remove from practice. Imposed Sanction: Probation with terms – practice restriction.

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

Departure Example #1

Sanction Grid Result: Reprimand.

Imposed Sanction: Continue on terms – practice monitoring.

Reason(s) for Departure: Respondent may be trending towards future violations, implement oversight now to avoid future problems.

Determining a Specific Sanction

The Sanction Grid has four separate sanctioning outcomes: Recommend formal or accept surrender, reprimand, treatment/monitoring and no sanction. The table below lists the most frequently cited sanctions under the four sanctioning outcomes that are part of the sanction grid. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

Sanction Grid	Available Sanctions
Recommend formal or accept surrender	Recommend formal (revocation or suspension may result) Recommend Accept Surrender
Reprimand	Monetary Penalty Reprimand Censure
Treatment/Monitoring	Stayed Suspension Continue on Terms Mental or Physical Evaluation- § 2915 (b) Probation Examples of Terms: Continuing education Audit of practice or chart/record review Special examine (SPEX) Prescribing log Evaluation HPIP Chaperone Oversight by monitor/ supervisor Therapy Other
No Sanction	No Sanction

SANCTIONING REFERENCE POINTS - COVERSHEET

- Complete Offense Score section.
- Complete Respondent Score section.
- Determine the Recommended Sanction using the scoring results and the Sanction Grid.
- Complete this coversheet.

Coop Neurolean(e)	
Case Number(s)	
Respondent Name	
	(last) (first) (title)
License Number	
Case Category	□ Impairment □ Patient Care □ Inappropriate Relationship/Sexual Abuse □ Fraud/Deception/Misrepresentation □ Unlicensed Activity
Case Type	
Sanction Grid Result	 No Sanction - Reprimand Reprimand Treatment/monitoring Reprimand - Treatment/monitoring Treatment/monitoring - Recommend formal or accept surrender Recommend formal or accept surrender
Imposed Sanction	□ No sanction □ Censure □ Reprimand □ Monetary penalty - enter amount □ Continue on terms □ Probation - duration in months □ Mental or physical evaluation § 2915 (b) □ Stayed Suspension □ Recommend formal or accept surrender □ Other sanction □ Terms
Reasons for Departure from Sanction Grid Result	
Worksheet Preparer (name)	Date completed:

IMPAIRMENT WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances (score all that apply)

- A) Enter "25" if the respondent was unable to safely practice at the time of the offense due to illness related to substance abuse, or mental/physical impairment.
- B) Enter "20" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- C) Enter "20" if there was financial or other material gain from the offense.
- D) Enter "30" if the offense involves multiple patients.

Step 2: Injury Level (if A is scored, B and C cannot be scored; if A is not scored, B and/or C may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- A) Enter "100" if a death occurred. Score if death was the result of an action by the respondent.
- B) Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- C) Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level. A priority level must be scored (A, B or C). If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- A) Enter "75" if the case involved imminent and/or substantial danger to the patient (Priority 1) or substantial danger but not an imminent threat to the patient (Priority 2).
- B) Enter "30" if the respondent caused harm without substantial danger (Priority 3) or threatened harm without obvious risk (Priority 4).
- C) Enter "20" if the respondent may have harmed the welfare of the patient without obvious risk (Priority 5) or threatens harm without obvious risk (Priority 6).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances (score all that apply)

- A) Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- B) Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide mental health professional in the past.
- C) Enter "50" if the respondent has been diagnosed or treated for inappropriate, boundary, or sexual problems by a bona fide health care professional in the past.
- D) Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- E) Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- A) Enter "60" if the respondent has had one or more prior Board violations.
- B) Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 4).

Step 7: Combine all for Total Respondent Score

Step 8: Sanction Grid

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell -- "Treatment/ monitoring – Remove from Practice".

Step 9: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

IMPAIRMENT WORKSHEET

OFF	ENSE SCORI	E	POINTS	SCORE
_		ore all that apply)		
	paired - Inability		25	
b. Pa	tient especially	/ulnerable	20	
c. Fir	nancial or materi	al gain from offense	20	
d. Mu	ultiple patients in	volved	30	
Injur	y level (score o	nly if applicable)		
a. Ph	ysical Injury - de	eath	100	
b. Ph	ysical Injury - m	edical care	50	
c. Me	ental Injury		50	
Prior	ity level (must	score one)		
a. Da	anger (priority 1	& 2)	75	
b. Ha	armful/threaten h	arm (priority 3 & 4)	30	
c. Ha	arm w ithout risk	(priority 5 & 6)	20	
			Total Offense Score	
RES	PONDENT S	CORE		
Circu	ımstances (sc	ore all that apply)		
a. Co	oncurrent action		60	
b. Pa	st mental health	problems	50	
c. Pa	st inappropriate	relationship/sexual problems	50	
d. Pa	st alcohol proble	ems	25	
e. Pa	st drug problem	S	25	
Prior	orders/notice	s with violation (score all th	at apply)	
	ne or more prior		60	
b. Ar	ny prior "similar"	board violations	50	
			Total Respondent Score	
			OFFENSE SCORE	
		0-50	51-100	101 or more
		No sanction	Reprimand	Treatment/
	0-50			Monitoring
O. S.		Reprimand	Treatment/	Recommend formal
S			Monitoring	or accept surrender
F		Teachers	Treatment/	Treatment/
	51-100	Treatment/ Monitoring	Monitoring	Monitoring
8		ivioriitorii ig	Recommend formal	Recommend formal
RESPONDENT SC			or accept surrender	or accept surrender
2		Treatment/		
	101 or more	Monitoring	Recommend formal or accept surrender	Recommend formal or accept surrender
		Recommend formal	or accept surrender	or accept camenae.
		or accept surrender		
	Respondent:		License Number:	

PATIENT CARE WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Case Type (score only one; score zero if not applicable)

- A) Enter "25" if the case involves physician performance. Cases of this type include patient treatment such as: delay in treatment, improper performance of surgery, unnecessary surgery, improper diagnosis and/or treatment plan, or excessive/inappropriate prescribing.
- B) Enter "25" if the case involves an inspection deficiency or facility violation.

Step 2: Circumstances (score all that apply)

- A) Enter "20" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- B) Enter "20" if there was financial or other material gain from the offense.
- C) Enter "30" if the case involves multiple patients.

Step 3: Injury Level (if A is scored, B and C cannot be scored; if A is not scored, B and/or C may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- A) Enter "100" if a death occurred. Score if death was the result of action by the respondent.
- B) Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- C) Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 4: Priority Level. A priority level must be scored (A, B or C). If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- A) Enter "75" if the case involved imminent and/or substantial danger to the patient (Priority 1) or substantial danger but not an imminent threat to the patient (Priority 2).
- B) Enter "30" if the respondent caused harm without substantial danger (Priority 3) or threatened harm without obvious risk (Priority 4).
- C) Enter "20" if the respondent may have harmed the welfare of the patient without obvious risk (Priority 5) or threatens harm without obvious risk (Priority 6).

Step 5: Combine all for Total Offense Score

Respondent Score

Step 6: Circumstances (score all that apply)

- A) Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- B) Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide mental health professional in the past.
- C) Enter "50" if the respondent has been diagnosed or treated for inappropriate, boundary, or sexual problems by a bona fide health care professional in the past.
- D) Enter "25" if the respondent has been diagnosed or treated for past alcohol problems by a bona fide health care professional in the past.
- E) Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 7: Prior Orders/Notices with Violation (score all that apply)

- A) Enter "60" if the respondent has had one or more prior Board violations.
- B) Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Patient Care" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 4).

Step 8: Combine all for Total Respondent Score

Step 9: Sanction Grid

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell -- "Treatment/ monitoring".

Step 10: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

PATIENT CARE WORKSHEET

OFFENSE SCOR	E	POINTS	SCORE
Case Type (score o			
	nance, patient related	25	
b. Inspection deficie	-	25	
Circumstances (sc			
a. Patient especially	* * * * *	20	
b. Financial or materi		20	
c. Multiple patients in		30	
Injury level (score of		30	
a. Physical Injury - de		100	
b. Physical Injury - m		50	
	edical care		
c. Mental Injury	acera enal	50	
Priority level (must			
a. Danger (priority 1	*	75	
b. Harmful/threaten h		30	
c. Harm w ithout risk	(priority 5 & 6)	20	
		Total Offense Score	
RESPONDENT S	CORE		
Circumstances (sc	ore all that apply)		
a. Concurrent action		60	
b. Past mental health	problems	50	
	relationship/sexual problems	50	
d. Past alcohol proble	· · · · · · · · · · · · · · · · · · ·	25	
e. Past drug problem		25	
	es with violation (score all th		
a. One or more prior		60	
b. Any prior "similar"		50	
51 7 11 1 p 11 0 11 11 11 11 11 11 11 11 11 11 11 1		Total Respondent Score	
		Total Respondent Goore	
		Offense Score	
	0.50		404
	0-50	51-100	101 or more
	No sanction	Reprimand	Treatment/
0-50			Monitoring
Ore	Reprimand	Treatment/	Recommend formal
Sc		Monitoring	or accept surrender
Respondent Score		_	Treatment/
51-100	Treatment/	Treatment/	Monitoring
31-100	Monitoring	Monitoring	Recommend formal
) Se			or accept surrender
Ž.	Treatment/	Treatment/	
404	Monitoring	Monitoring	Recommend formal
101 or more	Recommend formal	Recommend formal	or accept surrender
	or accept surrender	or accept surrender	
Poonandart:		Lioonea Number	
Respondent:		License Number:	

INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances (score all that apply)

- A) Enter "50" if the case involves sexual abuse.
- B) Enter "50" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- C) Enter "30" if the case involves multiple patients.

Step 2: Injury Level (if A is scored, B and C cannot be scored; if A is not scored, B and/or C may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- A) Enter "100" if a death occurred. Score if death was the result of action by the respondent.
- B) Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- C) Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level. (A priority level must be scored (A, B or C). If more than one case is being sanctioned at the same time, score the case with the highest priority level.)

- A) Enter "75" if the case involved imminent and/or substantial danger to the patient (Priority 1) or substantial danger but not an imminent threat to the patient (Priority 2).
- B) Enter "30" if the respondent caused harm without substantial danger (Priority 3) or threatened harm without obvious risk (Priority 4).
- C) Enter "20" if the respondent may have harmed the welfare of the patient without obvious risk (Priority 5) or threatens harm without obvious risk (Priority 6).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances (score all that apply)

- A) Enter "30" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- B) Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide mental health professional in the past.
- C) Enter "60" if the respondent has been diagnosed or treated for inappropriate, boundary, or sexual problems by a bona fide health care professional in the past.
- D) Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- E) Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- A) Enter "60" if the respondent has had one or more prior Board violations.
- B) Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Inappropriate Relationship/Sexual Abuse" (see cases eligible for scoring listed under "Case Categories" in the table on Page 4).

Step 7: Combine all for Total Respondent Score

Step 8: Sanction Grid

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell -- "Treatment/ monitoring".

Step 9: Coversheet

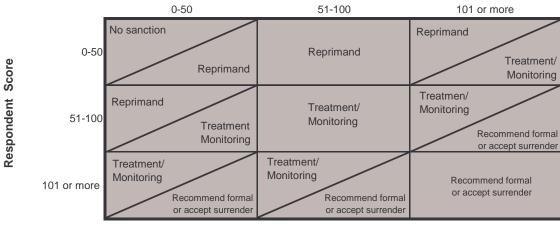
Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE WORKSHEET

OFFENSE SCORE	POINTS	SCORE
Circumstances (score all that apply)		
a. Sexual Abuse	50	
b. Patient especially vulnerable	50	
c. Multiple patients involved	30	
Injury level (score only if applicable)		
a. Physical Injury - death	100	
b. Physical Injury - medical care	50	
c. Mental Injury	50	
Priority level (must score one)		
a. Danger (priority 1 & 2)	75	
b. Harmful/threaten harm (priority 3 & 4)	30	
c. Harm without risk (priority 5 & 6)	20	
	Total Offense Score	

RESPONDENT SCORE Circumstances (score all that apply)		
a. Concurrent action	30	
b. Past mental health problems	50	
c. Past inappropriate relationship/sexual problems	60	
d. Past alcohol problems	25	
e. Past drug problems	25	
Prior orders/notices with violation (score all that app	ly)	
a. One or more prior board violations	60	
b. Any prior "similar" board violations	50	
	Total Respondent Score	

Offense Score



Respondent: License Number:

FRAUD/DECEPTION/MISREPRESENTATION WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances (score all that apply)

- A) Enter "20" if the case involves one of the following "Financial Offenses": Fraud, Fraudulent billing, Student loans, or tax related cases.
- B) Enter "30" if the case type is "Claim of Superiority".
- C) Enter "20" if there was financial or other material gain from the offense.

Step 2: Injury Level (if you score A, do not score B or C; if you do <u>not</u> score A then B and/or C can be scored; do not score if none are applicable. Score injury level for the patient with the most serious injury.)

- A) Enter "100" if a death occurred. Score if death was the result of action by the respondent.
- B) Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- C) Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level. (A priority level must be scored (A, B or C). If more than one case is being sanctioned at the same time, score the case with the highest priority level.)

- A) Enter "100" if the case involved imminent and/or substantial danger to the patient (Priority 1) or substantial danger but not an imminent threat to the patient (Priority 2).
- B) Enter "40" if the respondent caused harm without substantial danger (Priority 3) or threatened harm without obvious risk (Priority 4).
- C) Enter "20" if the respondent may have harmed the welfare of the patient without obvious risk (Priority 5) or threatens harm without obvious risk (Priority 6).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances (score all that apply)

- A) Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- B) Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide mental health professional in the past.
- C) Enter "50" if the respondent has been diagnosed or treated for inappropriate, boundary, or sexual problems by a bona fide health care professional in the past.
- D) Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- E) Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- A) Enter "60" if the respondent has had one or more prior Board violations.
- B) Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Advertising/ Financial Related" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 4).

Step 7: Combine all for Total Respondent Score

Step 8: Sanction Grid

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell -- "Treatment/ monitoring".

Step 9: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

FRAUD/DECEPTION/MISREPRESENTATION WORKSHEET

OFFENSE SCOR	E	POINTS	SCORE
Circumstances (so			
a. Financial Offense	s (see list)	20	
b. Claim of Superiorit	у	30	
c. Financial or mater	al gain from offense	20	
Injury level (score of	only if applicable)		
a. Physical Injury - de	eath	100	
b. Physical Injury - m	edical care	50	
c. Mental Injury		50	
Priority level (must	score one)		
a. Danger (priority 1	& 2)	100	
b. Harmful/threaten h	narm (priority 3 & 4)	40	
c. Harm w ithout risk	(priority 5 & 6)	20	
		Total Offense Score	
RESPONDENT S	CORE		
Circumstances (so			
a. Concurrent action		60	
b. Past mental health	problems	50	
c. Past inappropriate	relationship/sexual problems	50	
d. Past alcohol proble	ems	25	
e. Past drug problem	is	25	
Prior orders/notice	es with violation (score all tha	t apply)	
a. One or more prior		t apply) 60	
	board violations		
a. One or more prior	board violations	60	
a. One or more prior	board violations	60 50	
a. One or more prior	board violations	60 50 Total Respondent Score	
a. One or more prior	board violations	60 50	
a. One or more prior	board violations	60 50 Total Respondent Score	101 or more
a. One or more prior	board violations board violations	60 50 Total Respondent Score Offense Score 51-100	101 or more Treatment/
a. One or more prior b. Any prior "similar"	board violations board violations 0-50 No sanction	60 50 Total Respondent Score	
a. One or more prior b. Any prior "similar"	board violations board violations 0-50 No sanction	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/	Treatment/
a. One or more prior b. Any prior "similar"	board violations board violations 0-50 No sanction	60 50 Total Respondent Score Offense Score 51-100 Reprimand	Treatment/ Monitoring
a. One or more prior b. Any prior "similar" 0-50	board violations board violations 0-50 No sanction	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/	Treatment/ Monitoring Recommend formal
a. One or more prior b. Any prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/	Treatment/ Monitoring Recommend formal or accept surrender
a. One or more prior b. Any prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring
a. One or more prior b. Any prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/	Treatment/ Monitoring Recommend formal or accept surrender Treatment/
a. One or more prior b. Any prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal
a. One or more prior b. Any prior "similar" 0-50 10-50 11-100	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal
a. One or more prior b. Any prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring Treatment/ Monitoring	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender
a. One or more prior b. Any prior "similar" 0-50 10-50 11-100	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal
a. One or more prior b. Any prior "similar" 0-50 10-50 11-100	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring Treatment/ Monitoring Recommend formal	Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal
a. One or more prior b. Any prior "similar" 0-50 51-100	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring Treatment/ Monitoring Recommend formal	Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal
a. One or more prior b. Any prior "similar" 0-50 51-100	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring Treatment/ Monitoring Recommend formal	Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal

UNLICENSED ACTIVITY WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances (score all that apply)

- A) Enter "20" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- B) Enter "20" if there was financial or other material gain from the offense.

Step 2: Injury Level (if A is scored, B and C cannot be scored; if A is not scored, B and/or C may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- A) Enter "100" if a death occurred. Score if death was the result of action by the respondent.
- B) Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- C) Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level. (A priority level must be scored (A, B or C). If more than one case is being sanctioned at the same time, score the case with the highest priority level.)

- A) Enter "75" if the case involved imminent and/or substantial danger to the patient (Priority 1) or substantial danger but not an imminent threat to the patient (Priority 2).
- B) Enter "40" if the respondent caused harm without substantial danger (Priority 3) or threatened harm without obvious risk (Priority 4).
- C) Enter "20" if the respondent may have harmed the welfare of the patient without obvious risk (Priority 5) or threatens harm without obvious risk (Priority 6).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances (score all that apply)

- A) Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- B) Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide mental health professional in the past.
- C) Enter "50" if the respondent has been diagnosed or treated for inappropriate, boundary, or sexual problems by a bona fide health care professional in the past.
- D) Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- E) Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- A) Enter "60" if the respondent has had one or more prior Board violations.
- B) Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Unlicensed Activity" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 4).

Step 7: Combine all for Total Respondent Score

Step 8: Sanction Grid

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell -- "Reprimand and/or Treatment/monitoring"

Step 9: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

UNLICENSED ACTIVITY WORKSHEET

OFFENSE SCOR	E	POINTS	SCORE
Circumstances (sc			
a. Patient especially		20	
b. Financial or materi		20	
Injury level (score o	-		
a. Physical Injury - de		100	
b. Physical Injury - m		50	
c. Mental Injury		50	
Priority level (must	score one)		
a. Danger (priority 1	& 2)	75	
b. Harmful/threaten h	narm (priority 3 & 4)	40	
c. Harm w ithout risk		20	
		Total Offense Score	
RESPONDENT S	CORE		
Circumstances (sc			
a. Concurrent action	11 37	60	
b. Past mental health	problems	50	
	relationship/sexual problems	50	
d. Past alcohol proble		25	
e. Past drug problem		25	
	es with violation (score all that		
a. One or more prior		60	
b. Any prior "similar"		50	
7.1		Total Respondent Score	
		Offense Score	
	0-50	51-100	101 or more
	No sanction		Reprimand
0-50		Reprimand	
	Reprimand	Портивно	Treatment/
ဝ၁	Replillallu		Monitoring
% 51-100	Reprimand	Reprimand	Treatment/
51-100		The printed the state of the st	Monitoring
51-100	Treatment/	Treatment/	Recommend formal
Respon	Monitoring	Monitoring	or accept surrender
Ř	Treatment/	Treatment/	
101 or more	Monitoring	Monitoring	Recommend formal
101 of fibre	Recommend formal	Recommend formal	or accept surrender
	or accept surrender	or accept surrender	
Respondent:		License Number:	
1.5000.1001111			



SAMPLE CASE #1 PATIENT CARE CASE

Respondent: David Smith License Number: 0103999999

Case Number: 82444

Case Type: Standard of Care

Circumstances Surrounding Event

Dr. Smith is a podiatrist who provided substandard care to Mr. Jones, age 88, by cutting the two major nails below the quick and telling the complainant to soak his feet for 1 hour per day in 105 degree water mixed with 1lb of salt per gallon. Dr. Smith performed the procedure ungloved, did not wash his hands, and did not wash Mr. Jones' feet. He failed to take a patient history before removing the ingrown nails. He informed Mr. Jones that he would return for a follow up visit, but never did. Mr. Jones feet blistered and Dr. Smith did not return his calls so he sought treatment from Dr. Marshall. In addition, Dr. Smith did not return Dr. Marshall's calls. Dr. Marshall advised that Mr. Jones had sustained a severe infection from the solution used to cauterize the nail bed and that it was not the standard of care to recommend soaks using 105' water.

Respondent's Background Information

Dr. Smith was originally licensed in New York with no prior action taken against him. He has no history of substance abuse/treatment or mental health/boundary problems. There was no concurrent action taken against him.

Information Needed to Complete Worksheet

Offense scoring

- Physician performance, patient related (Case Type)
- Patient especially vulnerable, age 88 (Circumstances)
- Physical injury blistering/infection requiring medical care (Injury Level)
- Priority level 3 (Priority Level)

Respondent scoring

- No respondent circumstances (Circumstances)
- No prior Board violations (Prior Violations)

SANCTIONING REFERENCE POINTS - COVERSHEET

- Complete Offense Score section.
- Complete Respondent Score section.
- Determine the *Recommended Sanction* using the scoring results and the *Sanction Grid*.
- Complete the coversheet.

Case Number(s)	8 2 4 4 4
Respondent Name	Smith David (title)
License Number	0103999999
Case Category	□ Impairment ☑ Patient Care □ Inappropriate Relationship/Sexual Abuse □ Fraud/Deception/Misrepresentation □ Unlicensed Activity
Case Type	Standard of Care
Sanction Grid Result	 □ No Sanction - Reprimand □ Reprimand □ Treatment/monitoring □ Reprimand - Treatment/monitoring ☑ Treatment/monitoring - Recommend formal or accept surrender □ Recommend formal or accept surrender
Imposed Sanction	□ No sanction □ Censure □ Reprimand □ Monetary penalty - enter amount □ Continue on terms ☒ Probation - duration in months _6 □ Mental or physical evaluation § 2915 (b) □ Stayed Suspension □ Recommend formal or accept surrender □ Other sanction - ☒ Terms - Continuing Education (8 Hours)
Reasons for Departure from Sanction Grid Result	
Worksheet Preparer (name)	

OFFENSE SCOR	E	POINTS	SCORE
Case Type (score of	only one)		
a. Physician perform	mance, patient related	25	25
b. Inspection deficie	ncy/facility violation	25	
Circumstances (so	core all that apply)		
a. Patient especially	vulnerable	20	20
b. Financial or mater	ial gain from offense	20	
c. Multiple patients in	ivolved	30	
Injury level (score	only if applicable)		
a. Physical Injury - d	eath	100	
b. Physical Injury - m	nedical care	50	50
c. Mental Injury		50	
Priority level (must	score one)		
a. Danger (priority 1	& 2)	75	
b. Harmful/threaten h	· ·	30	30
c. Harm w ithout risk		20	
		Total Offense Score	125
DESDONDENT S	CORE		
RESPONDENT S			
Circumstances (SC	****	20	
a. Concurrent action		60	
b. Past mental health		50	
	e relationship/sexual problems	50	
d. Past alcohol probl		25	
e. Past drug problem		25	
	es with violation (score all th	,	
a. One or more prior		60	
b. Any prior "similar"	board violations	50	0
		Total Respondent Score	0
		0440000 60000	
		Offense Score	••••••••••••••••••••••••••••••••••••••
	0-50	51-100	101 or more
	No sanction	Reprimand	Treatment/
0-50			Monitoring
<u>ē</u>	Reprimand	Treatment/	Recommend formal
O O	Replination	Monitoring	or accept surrender
Respondent Score			Treatment/
51-100	Treatment/	Treatment/	Monitoring
51-100	Monitoring	Monitoring	Recommend formal
ds			or accept surrender
<u>x</u>	Treatment/	Treatment/	
464	Monitoring	Monitoring	Recommend formal
101 or more			or accept surrender
	Recommend formal or accept surrender	Recommend formal or accept surrender	
Respondent:	David Smith	License Number:	0103999999
respondent:	David Sillitii	License Number:	010000000
1.00001100110			

Sample #2 Fraud/Deception/Misrepresentation Case

Respondent: Richard Horner License Number: 0104999999

Case Number: 96799

Case Type: Deceptive Advertising

Circumstances Surrounding Event

Dr. Horner is a chiropractor scheduled to meet with the Board of Medicine on October 12, 2003 at an informal hearing. Dr. Horner mailed coupons to area residents stating that his care, "stopped the aging process." An anonymous call to DHP from a past patient questioned this validity of this claim.

Respondent's Background Information

Dr. Horner was originally licensed in Maryland. He also holds a license to practice in New Jersey. He has been a chiropractor for 22 years with no other states having taken action against him.

Information Needed to Complete Worksheet

Offense scoring

- No Extenuating Offense Circumstances (Circumstances)
- No patient injury (Injury Level)
- Priority Level 4(Priority Level)

Respondent scoring

- No respondent circumstances (Circumstances)
- 1/10/1988, Substandard Care (Prior Violations, not similar in nature)

SANCTIONING REFERENCE POINTS - COVERSHEET

- Complete Offense Score section.
- Complete Respondent Score section.
- Determine the Recommended Sanction using the scoring results and the Sanction Grid.
- Complete the coversheet.

Case Number(s)	9 6 7 9 9			
Respondent Name	Horner Richard (title)			
License Number	0104999999			
Case Category	□ Impairment □ Patient Care □ Inappropriate Relationship/Sexual Abuse ▼ Fraud/Deception/Misrepresentation □ Unlicensed Activity			
Case Type	Deceptive Advertising			
Sanction Grid Result	 □ No Sanction - Reprimand □ Reprimand ☒ Treatment/monitoring □ Reprimand - Treatment/monitoring □ Treatment/monitoring - Recommend formal or accept surrender □ Recommend formal or accept surrender 			
Imposed Sanction	□ No sanction □ Censure □ Reprimand ☑ Monetary penalty - enter amount\$500 □ Continue on terms □ Probation - duration in months □ Mental or physical evaluation § 2915 (b) □ Stayed Suspension □ Recommend formal or accept surrender □ Other sanction □ Terms			
Reasons for Departure from Sanction Grid Result	Respondent already discontinued advertising Monetary penalty serves as appropriate deterrent.			
Worksheet Preparer (name)				

FRAUD/DECEPTION/MISREPRESENTATION WORKSHEET

OFF	ENSE SCOR	Ξ	POINTS	SCORE		
	Circumstances (score all that apply)					
_	a. Financial Offenses (see list)		20			
b. C	b. Claim of Superiority		30			
c. Fi	inancial or materi	al gain from offense	20			
Injur	ry level (score c	only if applicable)				
a. Pł	hysical Injury - de	eath	100			
b. Ph	hysical Injury - m	edical care	50			
c. M	c. Mental Injury		50			
Priority level (must score one)						
a. Danger (priority 1 & 2)		100				
b. H	b. Harmful/threaten harm (priority 3 & 4)		40	40		
c. H	larm w ithout risk	(priority 5 & 6)	20			
			Total Offense Score	40		
RES	SPONDENT S	CORE				
Circ	umstances (sc	ore all that apply)				
a. C	oncurrent action		60			
b. Pa	ast mental health	problems	50			
c. Pa	ast inappropriate	relationship/sexual problems	50			
d. Pa	ast alcohol proble	ems	25			
e. Pa	ast drug problem	s	25			
Prio	r orders/notice	es with violation (score all tha	t apply)			
1 110	i orders/notice	S WILL VIOLATION (SCOLE all tha	apply /			
	ne or more prior		60	60		
a. O		board violations				
a. O	ne or more prior	board violations	60	60		
a. O	ne or more prior	board violations	60 50			
a. O	ne or more prior	board violations	50 Total Respondent Score			
a. O	ne or more prior	board violations board violations	50 Total Respondent Score Offense Score	60		
a. O	ne or more prior	board violations	50 Total Respondent Score			
a. O	ne or more prior	board violations board violations	60 50 Total Respondent Score Offense Score 51-100	101 or more Treatment/		
a. O b. A	ne or more prior	board violations board violations 0-50	60 50 Total Respondent Score Offense Score 51-100 Reprimand	6 0 101 or more		
a. O b. A	one or more prior ny prior "similar"	board violations board violations 0-50 No sanction	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/	101 or more Treatment/		
a. O b. A	one or more prior ny prior "similar"	board violations board violations 0-50	60 50 Total Respondent Score Offense Score 51-100 Reprimand	101 or more Treatment/ Monitoring		
a. Ob. A	one or more prior ny prior "similar"	board violations board violations 0-50 No sanction Reprimand	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/		
a. Ob. A	one or more prior ny prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender		
a. Ob. A	one or more prior ny prior "similar"	board violations board violations 0-50 No sanction Reprimand	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/		
a. Ob. A	one or more prior ny prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring		
a. O b. A	one or more prior ny prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal		
a. Ob. A	one or more prior ny prior "similar" 0-50 51-100	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal or accept surrender		
a. Ob. A	one or more prior ny prior "similar" 0-50	board violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring	60 50 Total Respondent Score Offense Score 51-100 Reprimand Treatment/ Monitoring Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender		
a. Ob. A	one or more prior ny prior "similar" 0-50 51-100	Doard violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring Treatment/ Monitoring	Treatment/ Monitoring 60 50 Total Respondent Score 51-100 Reprimand Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal or accept surrender		
a. Ob. A	one or more prior ny prior "similar" 0-50 51-100 101 or more	Doard violations 0-50 No sanction Reprimand Treatment/ Monitoring Recommend formal or accept surrender	Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal or accept surrender		
a. Ob. A	one or more prior ny prior "similar" 0-50 51-100 101 or more	Doard violations board violations 0-50 No sanction Reprimand Treatment/ Monitoring Recommend formal	Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal or accept surrender		
a. O b. A	one or more prior ny prior "similar" 0-50 51-100 101 or more	Doard violations 0-50 No sanction Reprimand Treatment/ Monitoring Recommend formal or accept surrender	Treatment/ Monitoring Treatment/ Monitoring Treatment/ Monitoring	101 or more Treatment/ Monitoring Recommend formal or accept surrender Treatment/ Monitoring Recommend formal or accept surrender Recommend formal or accept surrender		

SAMPLE #3 INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE CASE

Respondent: Dennis Poole License Number: 0101033333 Case Number: 87222

Case Type: Inappropriate Relationship

Circumstances Surrounding Event

Dr. Poole is an internist who dated Patient A for approximately 7 months, beginning in December 2001, and ending in June 2002. Dr. Poole did not discontinue treatment of Patient A while they were dating. Patient A sought treatment from Dr. Monroe, Psychiatrist, for the effects of her relationship with Dr. Poole. On at least three occasions Dr. Poole made inappropriate home visits to another female patient, B.

Respondent Background Information

Dr. Poole is not licensed in any other state. He has had one prior Board violation for Unlicensed Activity. The case was closed on August 10, 1986.

Information Needed to Complete Worksheet

Offense scoring

- Multiple Patients (Multiple Patients Involved)
- Patient A's records from Dr. Monroe (Mental Injury)
- Priority Level 4 (Priority Level)

Respondent scoring

- No respondent circumstances (Circumstances)
- Impairment August 10, 1986 (Prior Violation, Not Similar)

SANCTIONING REFERENCE POINTS - COVERSHEET

- Complete Offense Score section.
- Complete Respondent Score section.
- Determine the Recommended Sanction using the scoring results and the Sanction Grid.
- Complete the coversheet.

Case Number(s)	8 7 2 2 2				
Respondent Name	Poole Dennis (title)				
License Number	0101033				
Case Category	□ Impairment □ Patient Care ☑ Inappropriate Relationship/Sexual Abuse □ Fraud/Deception/Misrepresentation □ Unlicensed Activity				
Case Type	Inappropriate Relationship				
Sanction Grid Result	 □ No Sanction - Reprimand □ Reprimand □ Treatment/monitoring □ Reprimand - Treatment/monitoring ☒ Treatment/monitoring - Recommend formal or accept surrender □ Recommend formal or accept surrender 				
Imposed Sanction	□ No sanction □ Censure □ Reprimand □ Monetary penalty - enter amount □ Continue on terms □ Probation - duration in months Mental or physical evaluation § 2915 (b) □ Stayed Suspension □ Recommend formal or accept surrender □ Other sanction Terms - Counseling				
Reasons for Departure from Sanction Grid Result					
Worksheet Preparer (name)					

INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE WORKSHEET

OFFENSE SCOR	E	POINTS	SCORE
Circum stances (sc	ore all that apply)		
a. Sexual Abuse		50	
b. Patient especially vulnerable		50	
c. Multiple patients involved		30	30
Injury level (score of	only if applicable)		
a. Physical Injury - de	eath.	100	
b. Physical Injury - m	edical care	50	
c. Mental Injury		50	50
Priority level (must score one)			
a. Danger (priority 1 & 2)		75	
b. Harmful/threaten h	arm (priority 3 & 4)	30	30
c. Harm w ithout risk	(priority 5 & 6)	20	
		Total Offense Score	110
RESPONDENT S	CORE		
Circumstances (sc			
a. Concurrent action		30	
b. Past mental health	problems	50	
c. Past inappropriate	relationship/sexual problems	60	
d. Past alcohol proble		25	
e. Past drug problem	S	25	
Prior orders/notice	es with violation (score all th	at apply)	
a. One or more prior		60	60
b. Any prior "similar"		50	
		Total Respondent Score	60
		Offense Score	
	0-50	51-100	101 or more
	No sanction		Reprimand
0-50		Reprimand	
	Reprimand		Treatment/
Score	Repriliand		Treatment/
	Reprimand	,•	
51-100	Reprinario	Treatment/	Monitoring
31-100	Treatment/	Monitoring	Recommend formal
Sespondent 51-100	Monitoring	•	or accept surrender
ď	Treatment/	Treatment/	*****
101 or more	Monitoring	Monitoring	Recommend formal
101 or more	Recommend formal	Recommend formal	or accept surrender
	or accept surrender	or accept surrender	
Respondent:	Dennis Poole	License Number:	0101033333
1.00portaorit.		LIGOTIGO I WITIDOT.	